

EXHIBIT A

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div>410-2022-08164</div> </div>	
and EEOC			
<i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Ms. Tyleshia Grier		Home Phone (Incl. Area Code) +1 (229)366-9250	Date of Birth April 7, 1989
Street Address 140 East Harris Circle Apt 11		City, State and ZIP Code Cuthbert, Georgia 39840	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Universal Protection Service, LLC d/b/a Allied Universal Security Services		No. Employees, Members 15+	Phone No. (Include Area Code) (770) 625-1500
Street Address 301 W Broome St.		City, State and ZIP Code LaGrange, GA 30240	
Name US EEOC ATDO		No. Employees, Members	Phone No. (Include Area Code)
Street Address RECEIVED 2022-08-05		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; gap: 10px;"> <div><input type="checkbox"/> RACE</div> <div><input type="checkbox"/> COLOR</div> <div><input checked="" type="checkbox"/> SEX</div> <div><input type="checkbox"/> RELIGION</div> <div><input type="checkbox"/> NATIONAL ORIGIN</div> <div><input type="checkbox"/> RETALIATION</div> <div><input type="checkbox"/> AGE</div> <div><input type="checkbox"/> DISABILITY</div> <div><input type="checkbox"/> GENETIC INFORMATION</div> <div><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest May 9, 2022 </div> <div> Latest August 5, 2022 </div> </div> <div style="text-align: center; margin-top: 10px;"> <input checked="" type="checkbox"/> CONTINUING ACTION </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I. I began working for the employer on or around November 1, 2019, as a Security Officer.</p> <p>II. On or around April 2022, I informed my supervisor that I was pregnant when it was time to hire new uniforms.</p> <p>III. On or about May 9, 2022, my supervisor took me off the schedule and said there were no hours for me to work. As of signing this charge, I still have not returned to work.</p> <p>III. I believe I was discriminated in violation of the Pregnancy Discrimination Act, Title VII of the Civil Rights Act of 1964, Title VII of the Civil Rights Act of 1964</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
08/05/2022 <hr/> Date	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <small>Electronically Signed</small> 2022-08-05 19:30:16 UTC - 174.199.167.62 <small>Nintex AssureSign®</small> 19a5c54a-06cd-4399-a027-aea8013a60cd </div> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)		
Charging Party Signature			